

Form must be Complete and Legible. You must Type or Print
Please send this form with the Authorization Letter to the service provider at the time of the Appointment

PHS

DEMOGRAPHICS

Site Name & Number:

VENTRESS-0845

Site Phone #

334-7758178

Site Fax #

334-775-8178

Patient Name: (Last, First)

Strickland, Wilke

Alias: (Last, First)

Inmate #

226537

SS Number

Date: (mm/dd/yy)

06/14/04

Date of Birth: (mm/dd/yy)

PHS Custody Date: (mm/dd/yy)

01/21/03

Potential Release Date: (mm/dd/yy)

2/28/09

Will there be a charge?

☐ Yes ☐ No

Sex

☐ Male ☐ Female

Responsible party:

☐ PHS

☐ Auto Ins.

☐ Health Ins. (Excludes Medicare/Medicaid Managed Care alternative plans)

☐ Other, be specific (Excludes Medicare and Medicaid):

CLINICAL DATA

Requesting Provider:

☒ Physician

☐ NP, PA

☐ Dental

Dr. Samuel Rayapat

Facility Medical Director Signature and Date:

Samuel Rayapat, M.D.

☐ Service meets criteria for "approval via protocol"

Place a check mark (✓) in the Service Type requested (one only) and complete additional applicable fields.

☒ Office Visit (OV)

☐ X-ray (XR)

☐ Scheduled Admission (SA)

☐ Outpatient Surgery (OS)

☐ Dialysis (DA)

☐ Routine

☐ Urgent

Estimated Date of Service (mm/dd/yy)

___/___/___

(This starts the approval window for the "open authorization period")

Multiple Visits/Treatments:

☐ Radiation therapy

☐ Chemotherapy

Number of Visits/Treatments: ___

☐ Other: ___

Specialist referred to:

Surgery

Type of Consultation, Treatment, Procedure or Surgery:

Eval for Surgery of a Small
RTH - Benign and reducible

You must include copies of pertinent reports such as lab results, x-ray interpretations and specialty consult reports with this form.

☐ Pertinent Documents have been attached and faxed.

UM DETERMINATION:

☐ Alternative Treatment Plan (explain here):

☐ More Information Requested: (See Attached)

☐ Resubmitted with requested information.

Date resubmitted:

___/___/___

Regional Medical Director Signature,
printed name and date required:

History of illness/injury/symptoms with Date of Onset:

a month ago a small RTH -
easily reducible, only visible
on long standing and easily
reduced on supine position diagnosed

Results of a complaint directed physical examination:

Small RTH - easily reducible
Non-tender - with no signs of
Cant dilatation of Right inguinal
ring - No other complications

Previous treatment and response (including medications):

Will soon return will be fixed -
but IM states he will be more
comfortable with surgery
IM Has BBB - and lay in profile

For security and safety, please do not inform patient of possible follow-up appointments

FOR PROFESSIONAL USE ONLY
CONFIDENTIAL RECORD

NOT TO BE PHOTO COPIED

Returned
Denied
6-16-04

dated 6-16-04

Do not write below this line. For Case Manager and Corporate Data Entry ONLY.

Cert Type:

Med Class:

UR Auth #: